

SPECIAL EVENT - PUBLIC PROPERTY USER APPLICATION & AGREEMENT

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DO NOT USE FOR

* Contractor vehicle permit OR

* Single Day Temporary Parking Restriction Request

DIRECTIONS

Step One:

- If this request involves closing a street
 Contact Lafayette Police Special Operations Division / 765-807-1293
- If this request involves renting the Big Four Depot Community Room, Riehle Plaza, or John T. Myers Pedestrian Bridge Contact Facilities Department for availability / 765-807-1323

Step Two:

 Complete and submit this application to Lafayette Clerk's Office City Hall, 2nd floor, 20 N 6th Street, Lafayette, IN / 765-807-1021

User Information			
Date of Event: 08/28/2022	Time: From: _11A	_ am/pm to:3:30P	_ am/pm
Name: Kristina Lesley			
Street Address: 100 Saw Mill Ro	Suite 2201		
City: Lafayette	State: IN	Zip Code:	7905
Contact person(s): Kristina Lesle	Pho	one Number(s): <u>765-586</u>	3-5655
Event Description: Overdose A	\wareness Day	, 	
Caterer:			
This event will utilize the fol	lowing venues (check	all that apply):	
Big 4 Depot - Community	Room Riehle Plaz	za 🔲 John T. Myers B	ridge
City Right-of-way	City Street Sidewa	alk Other	
This event will include the fo	ollowing elements (ch	eck all that apply):	
Estimated Attendance: 300	Private Trash H	auler (must be removed by 8a	am following day)
X Street/Sidewalk/Right-of-			
Restroom Facilities (requi	red for events 4+ hours)	X Tents/Canopies	
Alcohol (security is requir	ed) Security (re	equired when serving alco	ohol)
		re if you need an A&E P	
Amusement & Entertainm	lent Permit #	http://www.in.gov/dhs	<u>/2795.htm</u>
Stage Fireworks	X Outdoor cooker/grill	Other	

Optio	nal Equipme	nt & Service	es:						
V Tı	affic Control: b	parricades, N o	Parking sig	ns, water barr	iers, <i>Road C</i>	losed Signs \$	325		
✓ Ci	ty Equipment:	Trash totes, o	ther \$25						
<u>Timet</u>	t able (Minimus 0 7 d		-	<i>ning is encou</i> days	raged; sequer		<i>he same)</i> days		
	Pre-pl	Notices	Ev	on	Event				
Begir	1st week 2nd week		3rd week	4th week 5th week 6th w					
	First contact	Submit Application Pre-event Meeting	Contact Neighbors prior to Board of Works Hearing	Board of Works Public Hearing & Approval			Date of Event		
<u>Appli</u>	cation submi	ttal checklis	<u>st</u>						
	Application								
	Pre-event meeting (if required)								
	Good Neighbor letter to neighboring properties (send or deliver to neighbors 7 days								
	<u>prior</u> to Board of Works hearing)								
	Letter of request to Board of Works (omit if only using Big Four Depot community room)								
	Receipt – payment made to City of Lafayette								
	Damage Depos	sit:	\$	(req	uired only wh	when renting Depot)			
	Permit Fee:		\$ 25	(fee	(fee waived when renting Depot)				
	Rental Fee:		\$						
	Equipment & S	Services:	\$ <u>50</u>	(optional)					
	Certificate of I	nsurance							
	Amusement & Entertainment Permit #								
	Not sure if you need an A&E Permit? Want more information? Go to: http://www.in.gov/dhs/2795.htm and see definition of A&E Permit in Rule and Regulations instructions found at the same link as the Special Event Application								
	Traffic Control	/ Public Safet	ty / Emergency	Plan					
	User Agreement								
\checkmark	Board of Public	e Works and S	afety meeting	(if required)					

USER AGREEMENT:

INDEMNIFICATION AND RELEASE. In consideration of being permitted the use of the venue(s) indicated above on this document (the "Property"), which Property is owned by the City of Lafayette, User as indicated below, for User and User's legal representatives, successors, and assigns, hereby releases waives and discharges the City of Lafavette, it officers, departments and employees and of them (herein collectively, "City") from all liability to User and User's officers, members, legal representatives, successors, invitees and assigns (herein collectively "User") from any and all loss or damage, and any claim of damages resulting therefore, on account of injury to persons or property arising out of possession or use of the Property, whether caused by the negligence of City, or any of them, or otherwise, resulting during the time the User is entitled to occupy and use the Property. User shall exercise the privileges under this Agreement at User's own risk, and irrespective of any negligence of City, User shall indemnify and hold City harmless from any and all liability for all damages, costs, losses and expenses resulting from, arising out of, or in any way connected with User's use and possession of the Property, including attorney fees incurred by City in defending any action arising out of User's possession or use of the Property, whether caused by negligence of the City, or any of them, or otherwise. City shall not be liable to User for any reason whatever User's occupation or use of the Property shall be hindered or disturbed. User agrees that User has made inspection of the Property and is not relying upon any representations of City or any of them as to the condition of state of repair of the Property or to its suitability for any particular purpose. This release, waiver, and indemnification is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I have read the above Indemnification and Release and the Policy and Rules governing the use of any public property, city street, sidewalk or public property within the city's right-of-way, the James F. Riehle Plaza, Big Four Community Room, and John T. Myers Main Street Pedestrian Bridge. I agree on my own behalf, and on behalf of the group or organization I am authorized to represent, to such Indemnification and Release and to follow such Rules and Regulations which are incorporated and made a part of this user agreement.

"Lafayette Board of Works"	"User"
By:	By: Signature
Date:	Printed: Kristina Lesley
	Date: 5/31/2027

6/1/2022

Tippecanoe County Drug Free Coalition 100 Saw Mill Rd. Suite 2201 Lafayette, IN 47905 (765) 471-9916

To Whom it May Concern:

The Drug Free Coalition of Tippecanoe County is requesting the closure of a section of Main street in downtown Lafayette on the date of 8/28/2022 for our annual Overdose Awareness Day event. We are requesting the closure of Main street between 3rd and 4th Streets. We will need barricades at the end of Main at each of those intersections. (See attached map). We will need this road closure between the hours of 11am to 3:30pm. We expect that there will be between 20-30 resource booths as well as a proclamation by a County Commissioner and a guest speaker. Phoenix Paramedic Solutions will be providing free food by means of a roasting a hog on site with a slow roaster. This annual event includes a time of remembrance for those who have lost their lives to overdose, something the Coalition and other agencies is trying to prevent. In previous years this event has been held at Columbian Park, but we hope to attract other guests in a more public and noticeable setting as well as be able to provide resources.

Please feel free to contact me with any other concerns,

Sincerely,
Kristina Lesley
Director
Drug Free Coalition of Tippecanoe County
kristina@dftipp.org
765-471-9916

6/1/2022

Tippecanoe County Drug Free Coalition 100 Saw Mill Rd. Suite 2201 Lafayette, IN 47905 (765) 471-9916

To Whom it May Concern:

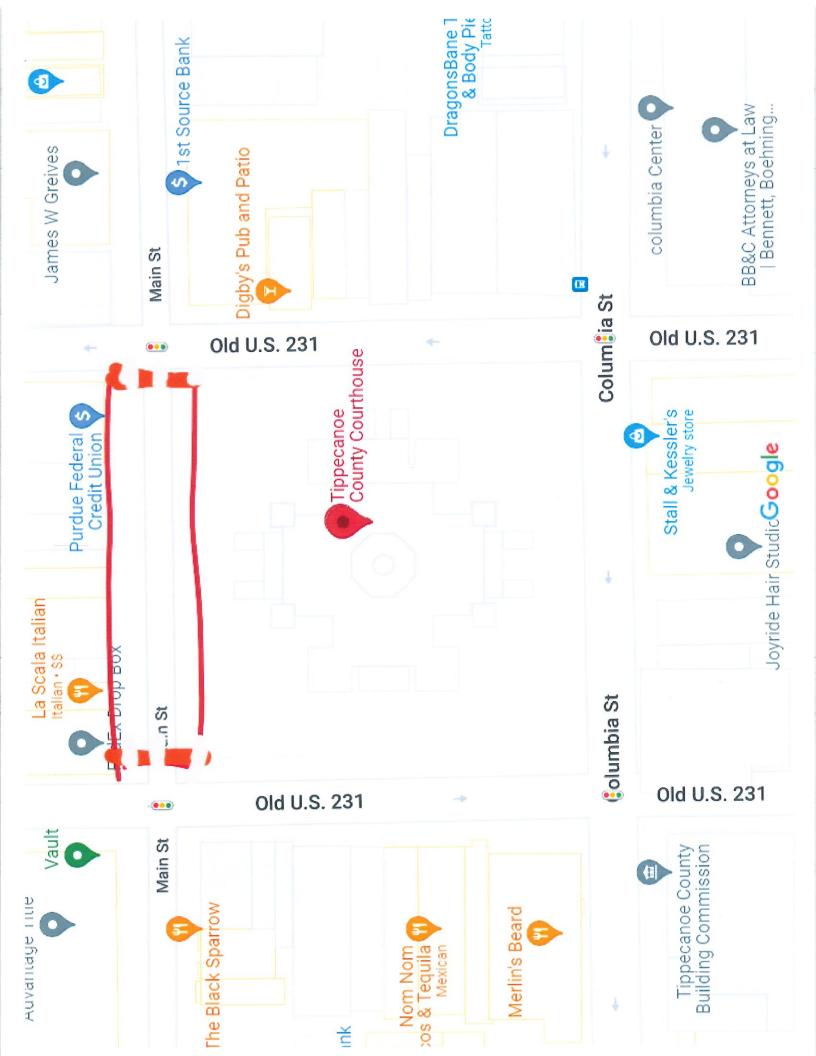
It is the intent of this letter to Inform you and your business that The Drug Free Coalition hopes to host their annual Overdose Awareness Day event on Main Street this year. It is our hope to close Main Street between 3rd and 4th Street. This event will take place on Sunday, August 28th. 2022 between the hours of 11am and 3pm. We will begin with a proclamation on the courthouse lawn. A hog roast will take place and approximately 20-30 resource booths. We will have a time of remembrance for those lives we have lost to overdose. This matter will be heard by the City Board or Works on June 21st, 2022.

My contact information is as follows: Kristina Lesley – Director Tippecanoe County Drug Free Coalition kristina@dftipp.org 765-471-9916

Lafayette City Clerk: Cindy Murray 20 N. 6th Street Lafayette, IN 47901 765-807-1021

Sincerely,

Kristina Lesley





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

th	is certificate does not confer rights to	the	cert	micate norder in lieu of st							
	DUCER				CONTACT Dwayne Goad						
The Mitchell Agency, Inc. 2800 Ferry St Lafavette IN 47904				PHONE (A/C, No, Ext): 765-742-1135 FAX (A/C, No): 765-742-4077					-4077		
				E-MAIL ADDRESS: dag@mitchellagy.com							
						INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
					INSURER A : AUTO-OWNERS INSURANCE COMPANY					18988	
INSU				COALFOR-01	INSURER B:						
The Coalition For A Drug Free Tippecanoe County				INSURER C:							
100	Saw Mill Run, Suite 2201				INSURER D:						
	ayette IN 47905				INSURER E :						
					INSURER F :						
				NUMBER: 2067666810							
IN	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	X COMMERCIAL GENERAL LIABILITY			09478913		4/1/2022	4/1/2023	EACH OCCURRENCE		s 1,000,	000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$ 50,000)
								MED EXP (Any one per	- 1	\$ 5,000	
								PERSONAL & ADV INJ	URY	s 1,000,	000
	GENL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	re l	\$ 2,000,	000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/O	PAGG	\$ 1,000,	000
	OTHER:									\$	
_	AUTOMOBILE LIABILITY							COMBINED SINGLE LII (Ea accident)	MIT	s	
	ANY AUTO							BODILY INJURY (Per p	erson)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per a	socident)	9	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)		s	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		s	
	- OCCON							AGGREGATE		s	
	OD IIIIO III IDE							NOOKEOATE		s	
	DED RETENTION \$ WORKERS COMPENSATION							PER	OTH- ER	*	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							STATUTE E.L. EACH ACCIDENT	EN	s	
OFFICER/MEMBER EXCLUDED?		N/A						E.L. DISEASE - EA EMP	PLOVEE		
(Mandatory in NH) If yes, describe under								E.L. DISEASE - POLICY		s	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISENSE - POLIO	Liver	,	
				8							
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) City of Lafayette, IN is also listed as Additional Insured.										
Ref	erence: Sunday August 28, 2022 Coalit	ion F	Resou	irce Fair							
CERTIFICATE HOLDER CANCELLATION											
City of Lafayette, IN				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
20 N 6th Street			AUTHORIZED REPRESENTATIVE								
Lafayette IN 47901				Xii Shid							

MISCELLANEOUS PAYMENT RECPT#: 3248936 City of Lafayette, IN 20 N 6th St Lafayette IN 47901

DATE: 05/31/22 TIME: 09:48 CLERK: sscott DEPT: CUSTOMER#: 999 MISC CUSTOMER

COMMENT: EVENT REQUEST

CHARGES:

APG1 APPLICATION FEE 25.00 BARR BARRICADE 25.00 SPEQ SPECIAL EVENT E AMOUNT PAID: 25.00 75.00

PAID BY: DRUG FREE COALITION PAYMENT METH: CREDIT CARD MC#1592 EX 1022

REFERENCE:

AMT TENDERED: 75.00 AMT APPLIED: 75.00 CHANGE: .00